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**State:** Arkansas **Filing Company:** Mutual of Omaha Insurance Company  
**TOI/Sub-TOI:** H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness  
**Product Name:** 2012 Day Care Benefit Rider - Form 9025M REV 11-12  
**Project Name/Number:** 2012 Day Care Benefit Rider / Form 9025M REV 11-12

## Filing at a Glance

Company: Mutual of Omaha Insurance Company  
Product Name: 2012 Day Care Benefit Rider - Form 9025M REV 11-12  
State: Arkansas  
TOI: H04 Health - Blanket Accident/Sickness  
Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Filing Type: Form  
Date Submitted: 12/12/2012  
SERFF Tr Num: MUTM-128805957  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: LISA KOCH  
  
Implementation: On Approval  
Date Requested:  
Author(s): Shelly Kaipust, June Rodgers, Mary Gregg, Krysia Gannon, Ellen Cochrane, Kristin Miller, Lisa Koch, Ellen Grady, Maggie Larkin  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 12/12/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: 2012 Day Care Benefit Rider

Project Number: Form 9025M REV 11-12

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 12/12/2012

State Status Changed: 12/12/2012

Created By: Ellen Cochrane

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Ellen Cochrane

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

NAIC # 261-69868

Blanket Accident Coverage

Form 9025M REV 11-12

Day Care Benefits Rider

We are requesting approval of the attached benefit rider, which provides day care benefits to the insured's dependent(s). It will be used with policy T5MP - Series 6663S, approved by your department on May 1, 1984.

Form 9025M REV 11-12 replaces rider Form 9025M, approved by your department on December 30, 1993. We attached a red-lined version of the revised rider under supporting documentation.

Nebraska, our state of domicile, approved a substantially similar form on December 7, 2012.

Your review and approval of this submission is greatly appreciated. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Lisa Koch

Product and Advertising Compliance Analyst

Corporate Compliance and Ethics

Phone: 402-351-6937

Fax: 402-351-5298

Email: Lisa.Koch@mutualofomaha.com

## Company and Contact

**State:** Arkansas **Filing Company:** Mutual of Omaha Insurance Company  
**TOI/Sub-TOI:** H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness  
**Product Name:** 2012 Day Care Benefit Rider - Form 9025M REV 11-12  
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**Filing Contact Information**

Lisa Koch, Product & Advertising Compliance Analyst  
Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175  
lisa.koch@mutualofomaha.com  
402-351-8473 [Phone]  
402-351-5298 [FAX]

**Filing Company Information**

Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
(402) 351-6910 ext. [Phone]  
CoCode: 71412  
Group Code: 261  
Group Name:  
FEIN Number: 47-0246511  
State of Domicile: Nebraska  
Company Type: Health Insurance  
State ID Number:

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

Company	Amount	Date Processed	Transaction #
Mutual of Omaha Insurance Company	\$50.00	12/12/2012	65679666

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Mutual of Omaha Insurance Company
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<b>Product Name:</b>	2012 Day Care Benefit Rider - Form 9025M REV 11-12		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/12/2012	12/12/2012

State:	Arkansas	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness		
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## Disposition

Disposition Date: 12/12/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Form 9025M REV 11-12 Edit	Approved-Closed	Yes
Form	Form 9025M REV 11-12	Approved-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Mutual of Omaha Insurance Company
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## Form Schedule

Lead Form Number: Form 9025M REV 11-12								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/12/2012	Form 9025M REV 11-12	Day Care Benefits Rider	CERA	Initial			Form 9025M REV 11-12.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**BENEFIT PROVISION**  
Day-Care Benefits

This provision applies to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injury received while insured under the policy or certificate and this provision. The Principal Sum is specified in the Plan of Insurance.

Provision Date (same as the Policy Date or Certificate Date if no date is shown) @@DATE@@

Dependent Child Benefit @@FILL IN@@ per @@FILL IN@@

Maximum Dependent Child Benefit \$@@AMOUNT@@

Beneficiary Benefit (not less than \$1,000.00) \$@@AMOUNT@@

**PART A. DEFINITIONS**

The definitions in the policy, certificate and Insuring Provision(s) apply to this Benefit Provision.

**PART B. BENEFITS**

If a covered Dependent Child is enrolled in a day-care facility on the date of a covered accident and such accident results in the death of the Insured, the Dependent Child Benefit @@FILL IN@@ will be paid per @@FILL IN@@ subject to the Maximum Dependent Child Benefit.

If not already enrolled in a day-care facility, this benefit will be payable if the child is enrolled within @@FILL IN@@ from the date of the covered accident.

Benefits will be paid to the child's legal guardian.

If, on the date of the accident, Dependent Children are insured under the policy or certificate but none qualify for the Dependent Child Benefit, the Beneficiary Benefit of @@FILL IN@@ will be paid to the Insured's designated beneficiary.

**PART C. EXCLUSIONS AND LIMITATIONS**

This provision is subject to the Exclusions and Limitations of the Insuring Provision(s) applicable to the Insured.

Mutual of Omaha Insurance Company



Corporate Secretary

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Mutual of Omaha Insurance Company
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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/12/2012
Comments:			
Attachment(s):			
AR Read Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/12/2012
Bypass Reason:	Not required for this filing.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/12/2012
Bypass Reason:	Not required for this filing.		

		Item Status:	Status Date:
Satisfied - Item:	Form 9025M REV 11-12 Edit	Approved-Closed	12/12/2012
Comments:			
Attachment(s):			
Form 9025M REV 11-12 EDIT.pdf			

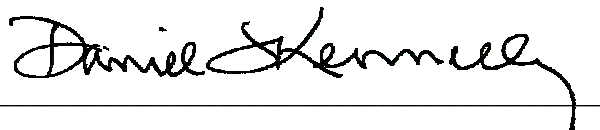


**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
Form 9025M REV 11-12	Day Care Benefit Rider	46

Date: December 12, 2012



Daniel J. Kennelly  
Vice President , Chief Compliance and Ethics Officer

**BENEFIT PROVISION**  
Day-Care Benefits

This provision applies to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injury received while insured under the policy or certificate and this provision. The Principal Sum is specified in the Plan of Insurance.

Deleted: or Sickness

Provision Date (same as the Policy Date or Certificate Date if no date is shown) @@DATE@@

Dependent Child Benefit @@FILL IN@@ per @@FILL IN@@

Maximum Dependent Child Benefit \$@@AMOUNT@@

Beneficiary Benefit (not less than \$1,000.00) \$@@AMOUNT@@

**PART A.**

**DEFINITIONS**

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**PART B.**

**BENEFITS**

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Benefits will be paid to the child's legal guardian.

If, on the date of the accident, Dependent Children are insured under the policy or certificate but none qualify for the Dependent Child Benefit, the Beneficiary Benefit of @@FILL IN@@ will be paid to the Insured's designated beneficiary.

**PART C.**

**EXCLUSIONS AND LIMITATIONS**

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**Mutual of Omaha Insurance Company**



**Corporate Secretary**